

South Nelson Youth Soccer Association

Spring 2015 Registration

Player Information				Circle one: Rec \ Select	
Last Name First Name MI				If there is not a team for your child's age group, does your child have p to play up an age level? <input type="checkbox"/>	
Address				Did You Play in the Fall 2014	Who was your coach?
City KY Zip				What age group did you play? Girls: <input type="checkbox"/> U-6 <input type="checkbox"/> U-8 <input type="checkbox"/> U-10 <input type="checkbox"/> U-12 <input type="checkbox"/> U-14 Mixed: <input type="checkbox"/> U-6 <input type="checkbox"/> U-8 <input type="checkbox"/> U-10 <input type="checkbox"/> U-12 <input type="checkbox"/> U-14	
Home Phone: ()		D O B	Mon th	Day	Year
Specify what shirt size: <input type="checkbox"/> Y-S <input type="checkbox"/> Y-M <input type="checkbox"/> Y-L		If Needed ONLY <input type="checkbox"/> A-S <input type="checkbox"/> A-M <input type="checkbox"/> A-L <input type="checkbox"/> A->			
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		School Attending:		Grade	
Players Social Security Number Last 4 digits:				PARENTAL SUPPORT: We ask for the active participation of all paren program. Check areas below ↓ in which you would be willing to help.	
Team Type: <input type="checkbox"/> Mixed <input type="checkbox"/> Girls				<input type="checkbox"/> Coach <input type="checkbox"/> Board Member: <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Field Preparation [<input type="checkbox"/> Sponsor <input type="checkbox"/> Team Parent <input type="checkbox"/> Other (specify below)	

Parent Information

Father's Last Name	First Name	Home Phone	Employer/Work Phone	Emergency Contact
Mother's Last Name	First Name	Home Phone	Employer/Work Phone	Emergency Phone #

Fees

Late Sign-ups

<u>Recreational Fees:</u> Under 4 & 6 \$25.00 \$55.00 No shirt Needed \$65.00 Needs Shirt \$10.00 Late fee will apply After 2/15/2014	*Coaches will not accept registration forms or fees. *Registration forms received after the deadline are not guaranteed to be returned to the same team and will be on a waiting list. *No refunds given once a player has been assigned to team roster.
---	--

Consent & Waiver Agreements

I, the Parent / Guardian of the registrant, a minor, agree that I and Registrant will abide by the rules of the Southern Nelson Co, Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer programs and activities (The Program), I hereby release, discharge, and/or otherwise indemnify the SNYOUTH Soccer, their associated volunteers, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or while being transported to or from the same, which transportation I hereby authorize. I understand that players will only be allowed to move up if needed and be moved oldest to youngest.

Signature of Parent or Legal Guardian Date:

I give SNYSA permission to use pictures, and names of players for publishing in the KY standard, and for the SNYSA Website.

☐ NO

☐ Yes Signature of Parent or legal guardian Date

EMAIL

For Official Use Only

Check #

Received Fees: Before 2/15/14

☐Yes ☐NO

Received By:

Medical Release Form received.

☐Yes ☐NO

New Player

☐Yes ☐N

Birth Certificate On file.

☐Yes ☐N

Mail Fees to:

SNYSA
P.O. Box 404
New Haven Ky, 40051



MEDICAL RELEASE FORM



As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Players Birth ____/____/____
Month Day Year

Date of last Tetanus Booster ____/____/____
Month Day Year

Known allergies of this player, including any allergies to medicine _____

Any other medical problems which should be noted _____

Family Physician _____ Phone _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone (Home) _____ (Work) _____ (FAX) _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone (Home) _____ (Work) _____ (FAX) _____

Person to notify if parent/guardian is unavailable _____

Phone (Home) _____ (Work) _____ (FAX) _____

Insurance Carrier _____ Policy Number _____

WAIVER

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature of Parent/Guardian _____ Date _____

NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on the _____ day of _____, 20 ____.

Notary Public in and for the State of _____

Commission expires _____